

REMARKS

In the final Office Action, claims 1 through 11 and 24 through 34 were pending and rejected over Ralston. In light of these rejections, claims 1 through 11 and 24 through 34 have been canceled, and new claims 35 through 46 have been provided which are believed to better describe the claimed invention.

Background to the Present Amendment

The present invention concerns generally a computerized system allowing patients to schedule their own doctor's appointments. The principal prior art cited against the invention, as previously claimed, is Ralston (6,389,454).

As noted by the Examiner, like the present invention, Ralston teaches a scheduling system for medical appointments allowing scheduling of patient appointments over the Internet. Appointment requests are applied against a set of predetermined rules called "service constraints," that limit the freedom of scheduling for a particular patient. As an example, Ralston notes that if a client wishes to schedule an MRI scan, an appointment may be rejected if the client wears metal braces on his teeth.

As will be explained below, however, Ralston is not a "self-scheduling" system, that is, one allowing the patient to schedule him or herself directly. In Ralston, patients are expected to work through human intermediaries who complete the actual scheduling on the computer system.

This distinction is important because before the present invention, it was widely believed that "self-scheduling" by patients was impractical, and economically risky. As described in paragraph 3 of the present invention, the medical community was concerned that some patients allowed to "self-schedule" would abuse their scheduling rights by scheduling multiple appointments then canceling all but one at the last moment. Doctors were concerned that they would lose control of their daily schedules as far as the timing and number and type of appointments made by patients. Thus, while there is no reason the Ralston system could not theoretically be used by a patient, it fails to incorporate features (found in the present invention, and now claimed) that make self-scheduling acceptable to the medical community.

The present invention addresses the medical community's concerns about self-scheduling with a number of innovations. The first is the development of pre-authorized tickets, that like conventional paper tickets, each represent personalized, permission for a limited self-scheduling operation. The creation of tickets is controlled by a physician, given to a patient, and consumed as appointments are made. In this way, the number of self-

scheduled appointments allowed on a provider's schedule may be carefully controlled.

A second innovation is the creation of a specific subset of times within the provider's greater schedule of available times to see patients that may accept self-scheduled appointments. A third innovation is a monitoring of the patient's historical ability to handle the freedom of self-scheduling and not abuse the system. And finally, a fourth innovation is the organization of self-scheduling rules, such as those that implement the above innovations, in a hierarchical rule system that allows default rules for a facility, and specific rules for departments within the facility and/or individual providers within the departments.

Discussion of New Claims

New claim 35 claims the electronic ticket and expressly requires creating an electronic ticket identified to a given patient and having a "denomination" (e.g., allowing the patient to schedule an indicated type and number of medical appointments), as controlled by the physician or organization. The electronic ticket, has a status as "unused" or "appointment completed" so as to be consumable like a real ticket.

It is believed that this claim may be readily distinguished from the "service constraint" rules of Ralston which, although, as noted by the Examiner, are predetermined, do not have the characteristics of a ticket of being generated for a particular patient and being consumable (e.g. used up) with a denomination describing a limited type and number of appointments. New claim 38 addresses the second innovation of earmarking particular times during which self-scheduling may occur to retain control of the doctor's schedule by the doctor. Ralston, blocks some scheduled times, but not as a function of whether the appointment was self-scheduled or not (again, Ralston does not contemplate the possibility of self-scheduling). Note that this limitation of self-scheduling in the present invention is balanced by the ability of the patient, when rejected from self-scheduling, to use normal scheduling methods using a human intermediary. In this way, the doctor may flexibly limit self-scheduling, without denying patients' care.

The third innovation is captured by claim 39, which provides for a monitoring of the performance of the patient in self-scheduling (e.g., "no shows") and establishing a threshold of no shows after which self-scheduling is not allowed. Again, the option of scheduling through a human intermediary is contemplated when self-scheduling is denied in this case. Ralston is silent on this sort of monitoring--which is not surprising because, again, Ralston does not intend self-scheduling.

The fourth innovation is captured by claim 40, which allows rules related to self-

scheduling to be simply implemented in a hierarchical system. Apparatus versions of these claims are contained in claims 41-46.

Claim Support

Support for the limitations with respect to scheduling tickets of claims 35 and 42 are found, for example, at paragraph [0035], which describes the physician's creation of the pre-authorized scheduling ticket and paragraph [0034], which describes the denomination of the ticket and its consumability, as represented by status codes of unused, appointment made, and appointment completed. Paragraph [0030] describes the use of the scheduling ticket and the alternative (if there is no option for self-scheduling) where the patient can request an appointment using conventional techniques, as described in paragraph [0032].

With respect to claims 36, 37, 43, and 44, the "refunding" of a "used" ticket for a canceled appointment is described at paragraph [0041].

Support for claims 38 and 45 addressing the reservation of self-scheduling from given times during the day, is described, for example, at paragraph [0038] where it indicates that the health care provider may reserve only a few time slots per week for patients to schedule appointments through this process.

Support for the limitations of claims 39 and 46 addressing the prevention of abuse of self-scheduling, is found in paragraph [0019], paragraph [0028], and elsewhere.

The hierarchal rules set of claims 40, 41, 47, and 48 is described generally at paragraphs [0022]-[0024] and in paragraph [0026].

In light of these comments and remarks, it is believed that newly submitted claims 35-48 are in condition for allowance, and allowance is respectfully requested.

The remaining claims have been cancelled without prejudice with respect to the filing of a possible continuation application.

Respectfully submitted,

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